



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE**

DIVISION OF FIRE PREVENTION  
ADMINISTRATIVE SERVICES SECTION  
PERMITS AND LICENSES UNIT  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1159  
PHONE (615) 741-1322 FAX (615) 741-1583

**The following items are necessary to qualify for registration as an explosives blaster:**

1. Submit an application with a check made payable to the Department of Commerce and Insurance for three-hundred fifteen dollars (\$315). Fifteen dollars (\$15) of which is nonrefundable.
2. The application must be completed in its entirety. A registration will not be issued without a completed application on file.
3. The applicant must be at least twenty-one (21) years of age.
4. The applicant must understand, speak and write the English language.
5. Provide proof of having obtained one (1) year of previous practical experience under the supervision of a registered, experienced blaster by having the blaster fill out and sign a *Blaster/Limited Blaster Experience Verification* form. Alternately, provide the applicant's blasting license from another state provided it has been possessed for at least one year prior to application in this state.
6. Submit a copy of the applicant's Tennessee handler's registration if applicable.
7. Schedule, take and pass a written examination after the application is reviewed by this office. Each blaster applicant must pass the exam. An applicant who fails an examination may retake the examination thirty (30) days after the original test date without paying another application fee. An applicant who fails the examination twice shall reapply and pay the required application fee.
8. If you are not an employee of a registered blasting firm, an explosives firm application and fee must be submitted with a certificate of liability insurance in the amount of one million dollars (\$1,000,000.00). The insurance company must complete and sign the Certificate of Insurance and the words "Includes blasting/explosives" must appear on the certificate. The "State of Tennessee, Department of Commerce and Insurance, Permits and Licenses Unit", at the above address, must be listed as the certificate holder. This certificate must be forwarded to this office.

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## **Requirements for continuing the registration:**

Certificates of registration expire three (3) years following the date of issuance or renewal and are invalid on that date unless renewed. You will receive a renewal form by mail prior to expiration. Submit the renewal form with a check for three-hundred dollars (\$300) made payable to the Department of Commerce and Insurance. If you don't receive the renewal form, call (615) 741-1322 for instructions. It is the responsibility of the registrant to notify this office of all address changes to ensure renewal notices are received in a timely manner.

A twenty-five dollar (\$25) late fee is assessed for renewing up to one (1) year after expiration. After one (1) year, an initial application must be made and all requirements for initial registration must be met.

A minimum of sixteen (16) hours of State Fire Marshal approved continuing education must be completed. Proof of completion of the course must be received prior to the expiration date.

## **Laws and Rules**

Explosives *laws* can be found on the internet at [www.tennessee.gov](http://www.tennessee.gov), put your cursor on Government, then move it over to State and click the TN Code link, navigating to Title 68, Safety, Chapter 105 Blasting and Explosives.

Explosives *rules* can be found at <http://state.tn.us/sos/rules/index.htm>, then navigating to 0780 Commerce and Insurance, Fire Prevention, 0780-02-15.



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## BLASTER APPLICATION

Registration Fee: \$ 300 (3 Years)  
Application Fee: \$ 15 (This is a non-refundable application fee)  
**Total Fees Due: \$ 315**

NOTE: MAKE CHECK PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE

Blaster's Full Name \_\_\_\_\_

### Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

### Home Address (if different than mailing address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

TN Handler's Registration # \_\_\_\_\_

Are you currently employed by a Tennessee registered blasting firm? ☐ Yes ☐ No

If yes, provide the name of the firm:

Firm Name \_\_\_\_\_ Firm's TN Registration # \_\_\_\_\_

Firm Address \_\_\_\_\_  
(Street Number, or R.F.D. and P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

If you are not employed by a registered blasting firm, make an application for an explosives firm, pay the fee, and submit a Certificate of Liability Insurance for at least one million dollars (\$1,000,000.00).

Are you a U. S. Citizen? ☐ Yes ☐ No

Do you understand, speak and write the English language? ☐ Yes ☐ No

Are you currently under indictment or have you been convicted of a crime punishable by imprisonment for a term of one (1) year or more?

☐ **Yes** ☐ **No** If yes, attach a copy of the court records including: (1) date, (2) charge, (3) place, (4) court, (5) action taken.

Do you suffer from mental or physical impairment that would interfere with the safe handling of explosives?

☐ **Yes** ☐ **No** If yes, attach an explanation.

I certify that all information provided is correct and all questions are answered truthfully. I am aware that providing false information may result in the denial or revocation of my registration. I am aware that a previous or future charge or violation of any explosives law or regulation may result in the denial or revocation of my registration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THIS OFFICE OF ALL ADDRESS CHANGES TO ENSURE RENEWAL NOTICES ARE RECEIVED IN A TIMELY MANNER.**



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**Blaster/Limited Blaster Experience Verification**

Applicant Name: \_\_\_\_\_

The explosives user applicant named above has received one year of practical experience under my supervision that enables him or her to adequately store, handle, and use explosives.

Name (print): \_\_\_\_\_ TN Blaster Registration Number\*: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*See application instructions for out of state applicants.